

AIRMAIL ✦ FRONTLINE DUTY ✦ PROFILE ✦ TOOLS OF THE TRADE ✦ HERITAGE ✦ NOTEBOOK



MAGAZINE OF THE UNITED STATES AIR FORCE

Airman

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NOVEMBER-DECEMBER 2009



CARING FOR AIRMEN AND THEIR FAMILIES



NOVEMBER 11

VETERANS DAY

HONORING ALL WHO SERVED

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Senior Airman Kevin Krogh learned to monoski during the 23rd Annual National Disabled American Veterans Winter Sports Clinic in Snowmass Village, Colo. Airman Krogh lost both legs in a major car accident in 2007. He is assigned to Fort Sam Houston in San Antonio, Texas.

photo support by
Staff Sgt. Desiree Palacios
design by G. Patrick Harris



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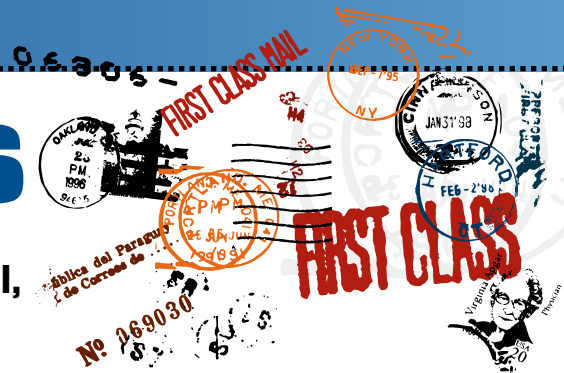


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COMMENTS

Got something to say about Airman? Write us at airman@dma.mil, or visit www.AIRMANonline.af.mil, to share views with fellow readers.



TEACHING AIRPOWER



A good friend of mine is currently at Joint Base McGuire-Dix-Lakehurst, N.J., preparing for a six-month deployment to Afghanistan. She is going to be on a provincial reconstruction team, so much of her time will be spent "outside the wire." Although I am proud of her, she is a very young lieutenant in a traditionally non-combat AFSC, so the thought of her strapping on a weapon and running around a place that can be so dangerous is a little scary. Your article [July-August 2009] about the job the men and women of the U.S. Air Force Expeditionary Center are doing helped put my mind at ease a bit. It looks like the center is doing a phenomenal job teaching our deploying Airmen the critical warfighting and survival skills they need to safely accomplish their mission and return home.

Our deployed Airmen are doing amazing

work and changing lives. Keep up the good work highlighting their efforts and the work of those supporting the warfighter. I'm looking forward to your next issue.

Shannon Carabajal

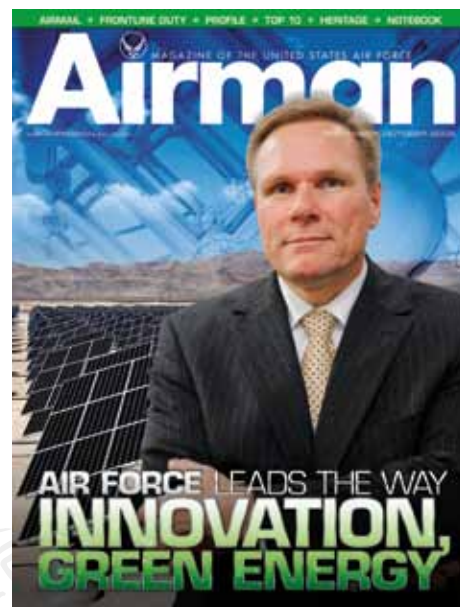
37th Training Wing Public Affairs

Regarding the article "Teaching 'Airpower ... From the Ground Up'" in Airman [July-August 2009] I'm proud to have been a Training Tech of long ago. As the article says, Professional Instructor. We went through a course as students, then we became the instructors. We wrote course materials, tests and evaluated graduates on their jobs. The Air Force concept of teaching is nothing that a university can comprehend.

Al Washington

Reprinted from the Airman magazine fan page on Facebook

AIR FORCE INNOVATION



[September-October 2009] Air Force Leads the Way in Innovation, Green Energy: What's new? We've always led the way in the Department of Defense and usually any other organization. A great branch to be a part of...

Adam Keele

Reprinted from the Airman magazine fan page on Facebook

AIRMAN FANS SIGN ON

I retired from the Air Force in January 1996. My last duty assignment was Little Rock Air Force Base. I worked in Dental Services. I miss the Air Force in many ways, most of all the friends I made throughout my career. Happy to know that Airman magazine is on Facebook. I salute past and present members of our Armed Forces.

Jim McPeak

Reprinted from the Airman magazine fan page on Facebook



Photo Contest



Airman just announced a photo contest on the Airman fan page on Facebook. Fans are asked to send in a photo of themselves reading Airman in their work or off-duty environment. Here, Chief Master Sergeant of the Air Force James A. Roy reads a copy of Airman's "The Book 2009" at the Pentagon. Chief Roy is the 16th chief master sergeant of the Air Force. All Airman fans are eligible to enter. Full details and rules are posted on the Airman fan page at www.facebook.com/Airmanmagazine. If there is enough support, Airman will run the best fan photo here in the Airmail section of each issue. Both the photographer and the fan will receive credit. Tips for getting a worthy shot: 1) Pick an interesting environment or background, 2) Ensure the cover of the magazine is identifiable in the photo, 3) Make sure the content of the photo adheres to the rules and most important, 4) watch out for operational security issues.

Airman

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November-December 2009, Volume LIII, Number 7

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ABOUT AIRMAN

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FrontlineDuty

TAKING CARE OF AIRMEN AND THEIR FAMILIES

Airmen and their families undergo tremendous hardship in order to serve. Long deployments and frequent temporary duty assignments are often just as hard on the families at home as they are on the Airman, sometimes more.

Taking care of the family is just as important as taking care of the Airman. After all, Airmen can't perform their difficult and unique missions if they are concerned about their families.

The Air Force has always made supporting Airmen and their families a top priority. Recognizing the hardships families must make during this time of war, Air Force leaders have declared July 2009 to July 2010 the "Year of the Air Force Family."

During the "Year of the Air Force Family," senior leaders will examine the support the Air Force currently gives families and look to expand these services.

The goal is to enable Airmen to perform their missions knowing that their spouses, sons and daughters are safe while they are away and being cared for by their Air Force family.

Airmen may give good-bye hugs perhaps more often than some parents, and sons and daughters see dad and mom leave for long periods of time, they are part of a much larger family that knows exactly what they go through.

—Airman staff





FAMILY SACRIFICE

photo by AIRMAN 1ST CLASS COREY HOOK

A weapons systems officer assigned to the 37th Bomb Squadron holds his son before deploying from Ellsworth Air Force Base, S.D. Airmen representing various specialties recently deployed in support of operations at the 379th Air Expeditionary Wing in Southwest Asia.

BIRDS OF A FEATHER Capt. Jason McCree, a public affairs officer with the Air Force Thunderbirds, speaks with the family of Tech. Sgt. Anthony Ashbeck before Ashbeck's reenlistment ceremony at Andersen Air Force Base, Guam. The ceremony took place during an air show on the island base.



AIRMAN TO AIRMAN Gen. Norton A. Schwartz, Chief of Staff of the Air Force, greets Senior Airman Bren Mejia, a returning explosive ordnance disposal wounded warrior, during an aeromedical evacuation mission on the flight line of Andrews Air Force Base, Md. The 779th Medical Group cares for more than 100 wounded and ill returning to the United States each week.



SMILE MAKER Maj. (Dr.) David Kieser, 59th Medical Wing pediatric dental resident from Scott Air Force Base, Ill. replaces a filling for Deaveyon Moore. Deaveyon is the daughter of Staff Sgt. T'wanna Moore, a dental technician with the 59th Dental Squadron at Lackland Air Force Base, Texas.



NIGHT-TIME HOOK UP A C-17A Globemaster III aircraft, from the 729th Airlift Squadron, moves into position to receive fuel from a 336th Air Refueling Squadron KC-135R Stratotanker during a refueling mission over the Pacific Ocean. The 336th ARS and 729th AS are both from the 452nd Air Mobility Wing out of March Air Reserve Base, Calif.

LET THE GAMES BEGIN Secretary of Veterans Affairs Eric K. Shinseki gives the basketball tip-off during the 29th National Veterans Wheelchair Games held in Spokane, Wa. More than 500 veterans meet at the convention center to take part in the 2009 National Veterans Wheelchair Games July 13 through 19.



FRIENDLY DISPLAY More than 170,000 people attended the two-day 2009 Yokota Air Base Japanese-American Friendship Festival Aug. 22-23. In addition to static displays and live music, the festival offered a variety of American and Japanese food items. The festival is designed to bolster the bilateral relationship shared by the United States and Japan.

LONG DISTANCE J.J. (standing) and Elena Gutierrez talk to their father over the Internet from Randolph Air Force Base, Texas, while he's deployed to Bagram Airfield, Afghanistan. Staff Sgt. Juan Gutierrez is a dental assistant with the 12th Dental Squadron. He and his family use computers, Web cams and microphones to see and hear each other almost daily during his six-month deployment.



A DIFFICULT TIME Camp participants raft down the Payette River Aug. 14 during Operation Purple Camp in Boise, Idaho. Children of deployed parents learned coping methods during Mountain Home Air Force Base's fifth OPC held in Donnelly, Idaho.

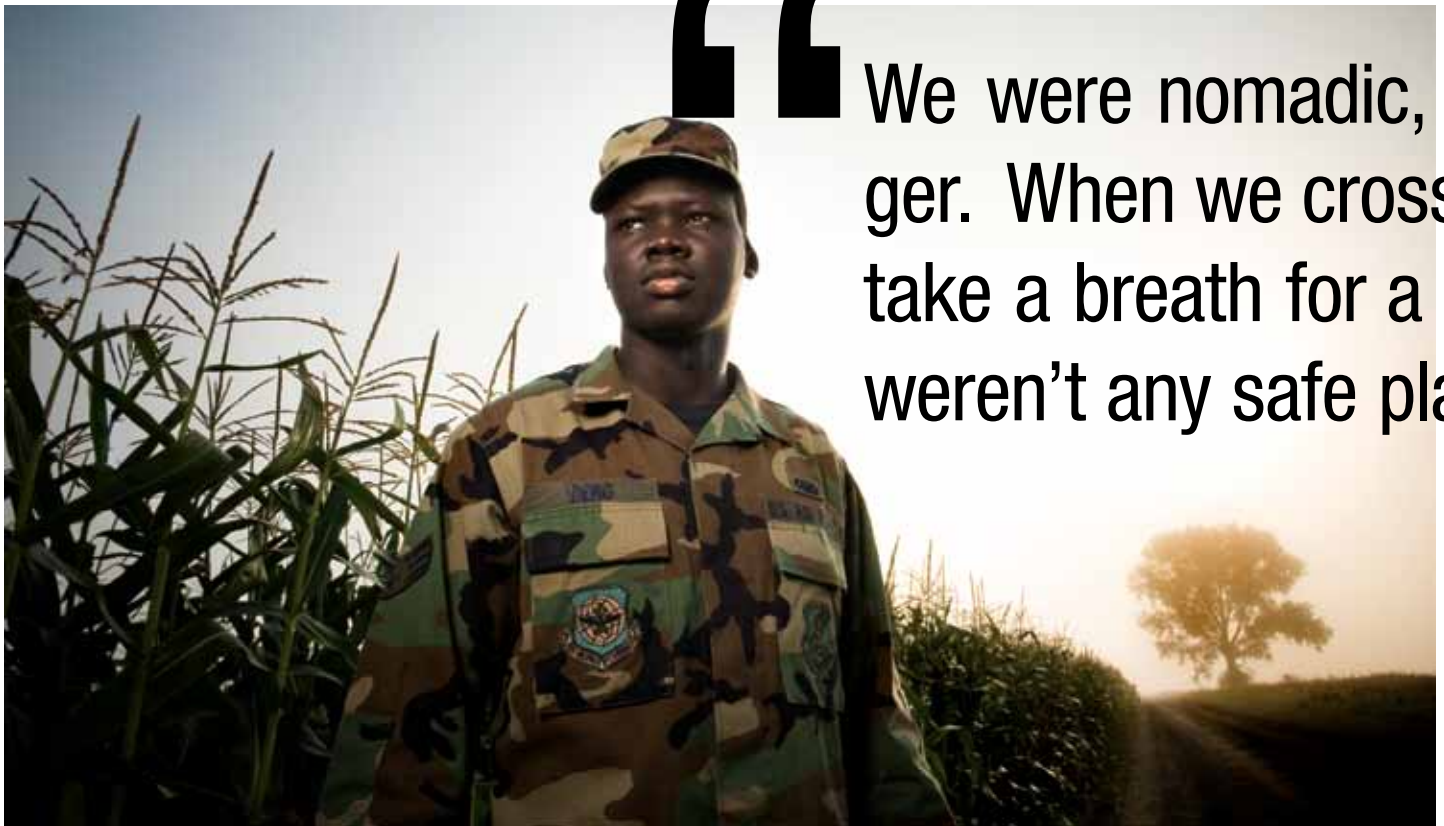


For Senior Airman Deng Deng, the Air Force was the first certainty he knew. The stability it offered gave him a much welcomed home away from his homeland. Having earned his citizenship this year, his focus remains service before self as he leads his family. He calls them every week and is a main source of support for an extended family of more than 20.

An Immigrant's Tale

BORN INTO CONFLICT:
'LOST BOY' FINDS STABILITY IN AIR FORCE

STORY BY STAFF SGT. J. PAUL CROXON ✦ PHOTOS BY LANCE CHEUNG



We were nomadic, traveling from place to place to escape the danger. When we crossed the border to a different country we could take a breath for a moment. In southern Sudan, until 2005, there weren't any safe places."

Airman Deng grew up in war-torn Sudan during the second Sudanese War without knowing any comfort or education. He immigrated to the United States in 2001 as one of the Lost Boys of Sudan. In a few short years he learned English, graduated high school and joined the Air Force.

For most Airmen, the journey to the Air Force begins around the corner at the recruiter's office where they hear about the various benefits of serving. College tuition assistance, learning a skill, leave and others are all worth the trip. For other Airmen, the trip to the Air Force begins in another country and can entail hardship and obstacles but, there is one additional benefit to service.

According to the Immigration and Naturalization Act, military service streamlines the process to citizenship. Immigrant Airmen are able to waive about \$600 in application fees. But more valuable than that, they get to waive a long wait.

Immigrants who join the service after Sept. 11, 2001 do not have to undergo the typical waiting period. They are eligible to immediately file for citizenship. Additionally, Air Force Personnel Center staff work with immigrants to answer questions and assist them during the naturalization process.

"At any one time there are about 1,000 Airmen serving without citizenship," said Master Sgt. James Murphy, an AFPC personnelist who works with non-citizen Airmen. "Each quarter we contact them with checklists and information to help them obtain citizenship. We are there to answer questions and make the process as easy as possible."

Though the citizenship process is complex and potentially intimidating, it is well worth it. For some, like Senior Airman Deng Deng, just getting to the U.S. and joining the Air Force was the difficult part. For him, the Air Force not only taught him a skill and helped him obtain citizenship; it also was the first real home he ever knew.

Born in a Sudanese refugee camp, uncertainty was the only certain piece in Airman Deng's life. Each day, his next meal, next shelter and next breath were threatened. His parents were displaced from their home in the 1980s at the start of the second Sudanese war, a cultural and ethnic war for control of the country. With no safe place to go because of the ongoing conflict, Deng and his family moved constantly.

"We were nomadic, traveling from place to place to escape the danger," he said, a thick Sudanese accent coloring the perfect English. "When we crossed the border to a different country we could take a breath for a moment. In southern Sudan, until 2005, there weren't any safe places."

In constant danger since birth and with no basis for comparison, the realities of how bad his situation was never occurred to him.

"Aircraft would fly by," he said. "They looked like United Nations planes but they weren't. They would look to drop bombs and whenever they saw a hut or tent they would drop that thing there. It was fearful but we were born into it. There was no memory of comfort so that made it not so scary."

Airman Deng, under the leadership of his brothers, constantly moved with his family. They traveled thousands of miles along the Sudanese border, crossing frequently. The longest Deng stayed in



Airman Deng spends much of his free time at the gym and running the trails at Grand Forks AFB, N.D. In Sudan his family moved constantly for safety.

aveling from place to place to escape the dan-
d the border to a different country we could
oment. In southern Sudan, until 2005, there
es.”

any one place was two years in Uganda. However, like everything else in his life, his interpretation of things was tainted by past experience. To him a single place was hundreds of square miles. He said he spent time living in Sudan, Uganda and Kenya; always coming back to Sudan but always moving.

This life of constant nearby conflict and continuous instability left Deng with no formal education and little understanding of the geography of the greater world around him.

“I never heard of the United States until I got here,” he said. “I saw the United States written on a bag of grain or food rations. It would say ‘USA’ and at the bottom it said it was from China. I thought the United States was a place in China.”

In 2000 Deng left Sudan for the United States. He was one of the Lost Boys of Sudan. The program began in 1998 for orphaned boys and was later expanded. It addressed the need for safety for displaced boys and young men from Sudan. The goal was to bring them to the U.S., Australia and the United Kingdom, provide them with education and stability in hopes that they would one day return to Sudan as a stabilizing influence for their home country.

Airman Deng, once old enough to travel, left Uganda with a group of brothers and cousins. First they made it to Kenya and eventually went to the U.S.

“I didn’t really know where the U.S. was,” he said. “But as long as it was safe I didn’t care.”

After traveling on foot, by car, buses and aircraft, Airman Deng and his fellow Lost Boys landed in Philadelphia. Soon they were enrolled in a one-year language school to learn English. However, the shock of transitioning into a busy eastern metropolis was too much. The group, now a family, decided to move again.

Throughout his life, Airman Deng was always mentored and led by a “big brother,” usually cousins. In Philadelphia he didn’t have a good home to settle down. So, after completing the English course, he and some of the other Sudanese boys decided to find one.

“It wasn’t easy to adjust to the culture there,” he said. “We needed someplace quiet to focus on our life and education. Our older cousin lived in Michigan so we moved there.”

Once in Michigan under the leadership of his cousin, Airman Deng finished high school. Airman Deng knew there was only one thing he wanted to do after high school.

“Because of my background, I wanted to be a soldier back home — but my parents didn’t want me to be one,” he said. He added that his parents felt a Sudanese soldier’s life was too inconsistent. “Here it is professional with specialized skills and I thought, ‘yeah, I’ll join the United States Air Force and when I get out I’ll have this skill.’”

Airman Deng’s skills are in logistics. He has learned how to get what is needed to the right place. For Airman Deng, military life is a good fit. He enjoyed basic training and said it was something he would do again. In the Air Force, Airman Deng earned his citizenship and because of his military service he didn’t have to pay the costs to apply as a civilian. Additionally, because he didn’t have his

citizenship when he joined, Airmen from the Air Force Personnel Center routinely contacted him and walked him through the citizen application process.

Though the Air Force has given him a new life, his heritage will dictate his future. The decision on whether to reenlist isn’t his alone. He is now the big brother.

“That choice is not my choice . . . it’s going to be my family’s choice,” he said. “They are back there (Sudan) and most of them are depending on me . . . little brothers and sisters who need my attention. I’ve been here since 2001 and have not seen them since. I joined the Air Force and provide for them but the decision is theirs.”

For Airman Deng, the Air Force was the first certainty he knew. The stability it offered gave him a much welcomed home away from his homeland. Having earned his citizenship this year, his focus remains service before self as he leads his family. He calls them every week and is a main source of support for an extended family of more than 20.

“Now that I have these skills I can help my brothers and sisters in Sudan,” he said. “Maybe once that is done I can come back and serve in the Air Force again.” 🦅



For Airman Deng and other immigrant Airmen, the dream of citizenship is a complicated process made easier and quicker through the help of the Air Force.

DEFENDING
FREEDOM
THROUGH



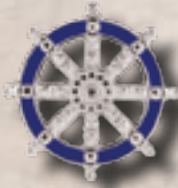
Religion

STORY BY STAFF SGT. J. PAUL CROXON ✦ PHOTOS BY LANCE CHEUNG

A rabbi, a minister and a cleric board an airplane. Don't expect a punch line. This airplane might be on its way to Iraq or Afghanistan where these three military chaplains would work together to support the constitution through the exercise of religion.

Chaplains from different faiths support Airmen at one location. This is true both at deployed locations and home station. They provide counsel in the midst of conflict and bloodshed and counseling for new marriages and new milestones. The faith of the chaplain and the Airman or family member they serve is secondary to the support and trust chaplains offer.

When asked what the difference is between military chaplains and their civilian counterparts, most chaplains mention geography.



The perception of the chaplain as an approachable member of the unit, one with spiritual insight, is important to the spiritual health of that unit. This is even more critical in a deployed environment where Airmen deal with stressors that tax them physically, mentally and spiritually.

"Chaplains are uniquely trained to minister on the battlefield," said Chaplain (Maj. Gen.) Cecil Richardson, Chief of Air Force Chaplains. "This training ensures every chaplain is there to provide care, minister and counsel on a host of issues."

Chaplain Richardson said spiritual fitness can impact real-world issues. One of those is suicide.

"Spiritual fitness is vitally important. The military is going through a hard time with suicide. People commit suicide because of a lack of hope. Pastoral care at every level helps to address this."



The Jewish chaplain badge embroidered with the 10 Commandments, Hebrew lettering and the Star of David worn by U.S. Air Force Rabbis. Chaplains of other faiths wear similar badges representing their religion.

"A pastor is like a recruiter in a way," said Chaplain (Maj.) Norris Burkes, a Baptist Chaplain who recently returned from a deployment to Iraq. "Pastors say, 'come inside, I've found some truths I want to share with you.' Chaplains go out into the unit or group and ask what the needs are at the unit."

Chaplains, as members of the unit, learn what religious or non-religious needs each member has. If someone has a particular religious need, the chaplain is often able to meet it or find a chaplain from that faith to support it. "As a chaplain I've put crystals on wrists, garlic under beds, turned beds to face a particular direction, burned incense and burned bones, but on Sunday I'm a Baptist," said Chaplain Burkes.



U.S. Air Force Rabbi, Chaplain, (Capt.) Sarah Schechter leads an evening le'il shabbat service. Chaplain Schechter is the first active duty female Rabbi in the Department of Defense.

The chief of chaplains noted a shift in the spirituality of Airmen, especially young Airmen, that suggests chaplains are needed more now than ever.

"Airmen are just as spiritually hungry as ever before though not necessarily as religiously grounded as previous generations," he said. "They are really yearning to ask questions about God, especially in a combat zone. Chaplains can't walk from one side of the base to the other without being asked spiritual questions."

In combat zones, as with home station, chaplains pay the same emotional, mental and spiritual toll as their unit. They are there with them. Chaplain (Capt.) Daniel Bucur a Baptist



Trainees Eric Smith (right) and Cassandra Bridges listen to a le'il shabbat service at Lackland AFB, Texas. Jewish sabbaths start at sundown on Friday (le'il) and end at sundown Saturday.



Chaplain (Capt.) Sharior Rahman, an Air Force Imam, holds the sajjud position during salah in the prayer hall of the Defense Language Institute Student Center, Lackland AFB, San Antonio. The center sees as many as 550 people each Friday.

Chaplain Schechter (standing and wearing a tallit, prayer shawl) leads an evening le'il shabbat service at Lackland Air Force Base's Airmen Memorial Chapel. More than 25 basic military trainees and other attendees recently participated in a religious education class, then Ma'ariv prayer service for the setting of the sun, followed by a meal provided by lay leaders supporting the service.



minister who was in the Army during the initial push into Iraq. He served alongside them during the successes and hardships.

"I remember after we pushed through to Baghdad, I gave an Easter morning service on the banks of the Tigris River. Looking back, it was probably the first Christian service to take place at that spot free from persecution," he said tearfully mentioning another service he gave mourning the loss of a Soldier he knew personally. "This wasn't just a service for a fallen Soldier, I knew this guy."

For Chaplain Bucur, who later joined the Air Force, his own personal journey to the chaplaincy demonstrates the need people under stress have for someone to provide spiritual guidance if not religion.

Born in Romania, Chaplain Bucur knew he was good at two things. "I was a good fencer and at soccer. I became good at fencing because I worked hard at it, but soccer seemed to come naturally."

The work Chaplain Bucur put into fencing earned him a shot at the Romanian Olympic fencing team until a hand injury sidelined him. With broken dreams and not knowing what the future held, Chaplain Bucur decided to escape Romania and, after swimming across the Danube River, he ended up in a Yugoslavian prison. In that cell he realized how trapped he really was.

"There I was in a Yugoslavian prison for fleeing what I thought was imprisonment in Romania," he said. "I realized how far I was from freedom. And what should I find but a Romanian Bible and a group of praying Christians."

"They [Airmen] are really yearning to ask questions about God, especially in a combat zone."


— Chaplain (Maj. Gen.) Cecil Richardson,
Chief of Air Force Chaplains

After spending 40 days in prison just like the Biblical characters he read about, Chaplain Bucur was released. He eventually made his way to Germany where local church members pooled money to help pay for his university education. He immigrated to the United States, joined the Army Reserve and realized just how important chaplains are.

He said while he was in prison he wasn't looking for Christianity or any religion though he knew his spirit was hurting. "I knew I was searching for something, some guidance or purpose in my life," he said.

That experience, the searching for spiritual guidance, serves him well as a chaplain, where he says he meets Airmen and their families every day who don't necessarily want to hear about his Christian faith as much as they want help in discovering a way out of a prison of stressors and stress. To him and other chaplains, spiritual health is vital to the overall health of the Airman and the Air Force.

Chaplains Bucur and Burkes agree that a key to serving and supporting Airmen from so many faiths is to work together and learn from each other.

Chaplain Burkes said while he was working at the Air Force Theater Hospital at Joint Base Balad, Iraq, it didn't matter what religion a chaplain was when the emergency doors flew open and the wounded arrived. When patients needed a chaplain to put the situation in perspective, it didn't matter if it was a rabbi, minister or a cleric. 



Chaplain (Capt.) Daniel Bucur, gives a sermon at Minot AFB, N.D. Chaplain Bucur escaped from the Eastern Block and made his way to the United States where he served as an Army chaplain before joining the Air Force.

CHAPLAIN IMAM

Captain Sharior Rahman



photo by Lance Cheung

“My calling came over a number of events, namely 9/11. Here I am, I love serving my country, I love being here, but for the week after that, some people treated me differently. They were either scared of me or wanted to harm me. Out of that my calling is to teach the truth of what is Islam. All it takes is getting to know someone who lives the Muslim life. That one step will break down barriers and build relationships.”

HOME UNIT/BASE:

**37TH TRAINING WING
LACKLAND AIR FORCE BASE, TEXAS**

HOMETOWN:

BOCA RATON, FLA.

ENTERED AIR FORCE:

APRIL 5, 2006

PRIMARY AFSC:

52R3 CHAPLAIN

Empowering the Air Force Family Enhances the Total Force

STORY BY STAFF SGT. VANESSA YOUNG

photo by William Pugh



Above: The Wright-Patterson Air Force Base, Ohio, School Liaison Officer, Andrea Attaway-Young, discusses options with Senior Airman LaShonda Tribble and her twin daughters, McKayla (left) and McKinnly Tribble.

photo by Tech. Sgt. Brian E. Christiansen

Right: Maj. Kevin Mountcastle gave his family a tour of a C-130 Hercules after returning from a tour of duty in Afghanistan. Major Mountcastle is a C-130 pilot with the North Carolina Air National Guard's 145th Airlift Wing.



As Air Force leaders look to take care of Airmen, they don't separate Airmen from their families. Knowing that family will be cared for through deployments and changes in assignments is a huge factor in meeting the bottom line, mission accomplishment. With this in mind, Secretary of the Air Force Michael Donley and Air Force Chief of Staff Gen. Norton Schwartz designated July 2009 to July 2010 as the "Year of the Air Force Family."

During the Year of the Air Force Family, senior leaders are taking a closer look at support services and looking for ways to evolve and expand them to meet the needs and expectations of Airmen and their families.

Senior leaders from various specialties centered their commitments around four pillars of excellence: health and wellness; Airman and family support; education, development and employment; and Airman and family housing. "We make this commitment not only because it's the right thing to do for our Airmen, but because it is the smart thing to do for our Air Force," Secretary Donley said during a speech at the Air Force Sergeants Association Conference and Convention in August. "Enhancing our service to families and fostering a greater sense of community increases our mission effectiveness, both at home and while deployed. Our missions are demanding and our Airmen perform to their highest potential if they are unencumbered by worries about their families and personal affairs."

During a Caring for People Forum in April 2009, more than 200 behavioral specialists, chaplains, family advocacy personnel and other family support professionals searched for ways to enhance and develop support programs that better suit the needs of the Air Force family.

As a result of the forum, recommendations were passed to senior leaders to fill identified gaps in service. Senior leaders then set the plans in motion to start and expand quality-of-life initiatives.

EXCEPTIONAL FAMILY MEMBER PROGRAM SUPPORT ON THE MOVE

During a July presentation to the House Armed Services subcommittee on military personnel, Chief Master Sgt. of the Air Force James A. Roy said more than 14,000 Air Force families are enrolled in the Exceptional Family Member Program and it is important that moving these families doesn't have an adverse effect on their family or career.

Air Force senior leaders determined the need for a companion program to provide families with special needs more support as they move from location to location.

"We are actively engaged in creating a comprehensive program that offers these families consistent support and reassurance through their moves, extended or repeated deployments and throughout their military careers," Chief Roy said.

The Exceptional Family Member Program in the Air Force is currently a two-pronged approach with a medical and an assignment phase. The family support piece is missing, said Eliza Nesmith, the chief of Airman and Family Readiness.

In January 2010, Airman and Family Readiness Centers will be able to provide resources and

referrals to bridge that gap.

The Air Force also received a grant to provide respite childcare for more families with exceptional family members. Soon, this childcare will also be available for those who don't live near an active-duty installation.

"Depending on the special need, (families will) either be able to take the child to a provider's home or a child development center, or (their national contractor will) identify a person to come into the home of the exceptional family," Nesmith said.

Playgrounds for children with special needs are also in the works for eight installations across the Air Force.

WOUNDED WARRIOR SUPPORT

The Air Force Recovery Care Coordinator program now provides a single point of contact to help seriously injured, ill and wounded Airmen through the non-clinical aspects of their recovery.

So far there are 17 recovery care coordinators at 15 locations working with them and their families, Nesmith said. There are plans to hire more coordinators in the next fiscal year.

"We've also been actively engaged in improving care for wounded warriors, focusing on the recovery, rehabilitation and re-integration of these combat veterans as we encourage them to remain in uniform or enable their successful transition to civilian life," Secretary Donley said.

Recreation specialists are getting new training in therapeutic recreation. Swimming pool lifts, which will help wounded warriors get in and out of the swimming pool, are scheduled for installation on nine bases near major medical centers.

THE SINGLE AIRMAN VOICE

Many Airmen are single. Quality of life for them is also an important focus area during this year.

"Single Airmen are, of course, part of our Air Force family and share many of the same interests and needs," Secretary Donley said. "But we'll also stay focused on their unique requirements, such as dorms and MWR services, that offer fulfilling off-duty activities."

In the next year, Air Force leaders will continue to work toward improving the lives of Airmen through morale and welfare programs, housing including new Airman Ministry Centers.

Chief Roy, along with a group of chief master sergeants, is planning an enlisted summit for this spring. The summit will allow Airmen to give senior leaders feedback about their needs as single Airmen.

SCHOOL ADVOCATES FOR MILITARY CHILDREN


Military obligations can create a unique, sometimes stressful environment for military children. There are about 145,000 children from age 6 to 18 in today's Air Force families, said Nesmith. These children typically move six to nine times during their school years.

Photo by Staff Sgt. Samuel Morse



John Parker Jr. displays a sign celebrating his father's return to Misawa Air Base, Japan. Many other families were there prepared to greet the returning Airmen with balloons, banners and huge smiles. John and his family are originally from Houston, Texas.

The need for a school liaison to serve as a single point of contact to smooth the transition for military children into local school districts was identified. The first liaisons are now in place with more scheduled. The school liaison serves as a primary advisor and acts as an advocate concerning school-related issues and military school-aged children. During a recent Military Child Education Coalition Conference, General Schwartz said the goal is to have school liaison officers at every domestic installation by fiscal 2011.

These are just a few of the programs designed to ease the stresses placed on Air Force families. Other programs address everything from facing deployment to family housing. Air Force leaders are committed to serving the families that serve the Airmen who make the Air Force mission happen. For more information on programs that benefit the Air Force family, visit the Year of the Air Force Family official web page at www.af.mil/yoaff/. The site highlights existing programs, improvements and offers links to family resources. 

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Pvt. Ricardo Samudio was wounded in West Baghdad, Iraq. He is recovering at Brooke Army Medical Center because Air Force aeromedical evacuation teams were there to transport him from the battlefield to the care he needed.

A Promise Kept

AEROMEDICAL EVACUATION TEAMS
BRING WARFIGHTERS HOME

STORY BY TECH. SGT. MATTHEW MCGOVERN ★ PHOTOS BY STAFF SGT. DESIREE N. PALACIOS



Tech. Sgt. Angela Swanson, aeromedical evacuation course director at Brooks City Base, Texas, prepares simulated casualties for an exercise. She mixes practical experience with technical training to give new aeromedical evacuation technicians realistic training. She shows trainees how transport speed saves lives.

Airmen and their families have a premier resource available. Most hope they never have to use it. The resource is patient transportation and it works like a promise. The essence of an Air Force aeromedical evacuation team is in keeping a promise to bring the injured and the ill home. For many, the journey begins in trauma on the battlefield. Pvt. Ricardo Samudio was injured in West Baghdad, Iraq, Dec. 1, 2008. Two grenades were thrown into his Humvee, knocking him from the machine gun turret to the floor of his vehicle. He tried to pull himself up but couldn't.

"I looked down and half my foot was gone," said the 24-year-old Army private "I pulled out my tourniquet and started applying it."

His military aeromedical evacuation journey had begun. From the front line to a full-service hospital in the theater, Army medics and Air Force aeromedical evacuation teams link up to get wounded warriors to the right level of care quickly.

Private Samudio was first taken to an Army combat support hospital at Forward Air Base Liberty, Iraq, where one of his feet was amputated in the first of several surgeries. He was then flown to the Air Force Theater Hospital at Joint Base Balad, Iraq where an Air Force surgeon performed another surgery.

Once stabilized for travel, Private Samudio met the members of the Air Force aeromedical evacuation team who would take him out of the combat zone. The teams are typically made up of two nurses and three medical technicians trained to look for, and treat, any signs that a patient's condition is affected by altitude changes during flight.

The private and other patients boarded a C-17 Globemaster III for

the trip to Landstuhl Regional Medical Center in Germany.

"They made it comfortable for every patient, offering us blankets, hot cups of soup and any medical care we needed," Private Samudio said.

This part of the aeromedical journey was about six hours long. The next flight would be longer. Another C-17, with another aeromedical evacuation team, took him to Walter Reed Army Medical Center in Washington, D.C. The final flight was on a C-130 Hercules bound for his home state of Texas.

Total flying time from Iraq to the continental United States can be as long as 27 hours, depending on the type of aircraft. Additional time may also be required between flights at medical facilities. By the time Private Samudio was on the last flight, he and several other patients were ready for the traveling to end. What made it bearable, he said, were the people on the AE teams.

"They would talk to us, tell us where they were from, what condition we were in, ask what had happened to us, ask us about our family and if we needed to call our parents," he said. "They would allow us to use their cell phones; they were very supportive."

Chief Master Sgt. Rodney Christa, the squadron superintendent for the 433rd Aeromedical Evacuation Squadron at Lackland Air Force Base in San Antonio, has more than 20 years of AE experience supporting injured warfighters. He sees the primary job of every AE technician as one that can provide a little peace of mind to the families of the war fighters.

"We honor the promise that the wounded feel they have with the American people," he said. "We're like a promise keeper, we're not there for the glory and we keep the faith. We tell mom or dad that we will take care of their son or daughter."

“They made it comfortable for every patient, offering us blankets, hot cups of soup and any medical care we needed.” — Pvt. Ricardo Samudio

“Our war fighters . . . know they may be hurt,” Chief Christa said. “They’ve seen thousands brought back wounded and injured. They know the second that something happens to them they have in excess of a 97 percent survival rate,” the chief said. “If AE and the medics get to them, they know they’re going to make it.”

Aeromedical evacuation teams are trained to transport the injured from the battlefield to the hospital. There are always teams on alert ready to transport military patients from any installation, anywhere in the world to the care they need. They are also ready to respond to natural disasters or for humanitarian missions. In the past few years, those disaster relief missions have helped evolve the AE mission.

Hurricanes Katrina and Rita in 2005 were critical to developing the mission. For Chief Christa’s leadership in evacuating medical patients from New Orleans after Hurricane Katrina ravaged the Gulf Coast area and his service during Operation Enduring Freedom, he was inducted into the Airlift/Tanker Hall of Fame at Scott Air Force Base, Ill. The lessons he learned from the hurricane evacuations later became part of the National Disaster Response Plan for the Gulf Coast Region.

“I was one of the many AE faces commonly associated with hurricanes Katrina and Rita,” Chief Christa said.

“My role was to access and organize the evacuation efforts,” he said. “Had Katrina not gone the way it did, it would have been much worse for the nation. The trust that the nation has in the U.S. military would have been diminished had we not succeeded.”

Air Force medics ensured the safe evacuation of 2,609 patients during recovery. And on Sept. 3, 2005, Air Force total force teams moved 580 litters and 300 ambulatory patients; the largest single day of patient transport since World War II.

“I think U.S. citizens saw the U.S. military in a light in which (it) was not involved in a war,” said Chief Christa. “All of our forces, active, Guard and Reserve — up to that moment all they associated us with was our military, wartime role.”

To be successful in an emergency or in war, aeromedical members have to train. An AE training program was created at the School of Aerospace Medicine at what is now Brooks City Base, Texas.

“In an average year, more than 900 AE technicians, flight nurses, flight surgeons and critical care air transport teams are put through the courses,” said Senior Master Sgt. Scott Curran, training superintendent.

Tech. Sgt. Angela Swanson, the director of the aeromedical evacuation course, usually tells her students about her actual experiences in the field. The stories of first-hand experiences give the students practical examples mixed with the technical training. Her favorite illustration highlights how fast AE teams can get a patient to the right care.

“The one story I always tell my students is about the attack on the Bradley,” Sergeant Swanson said about an Army unit traveling in the armored transport vehicle. “We moved 11 burn patients on one mission. We moved them from Balad Air Base to Ramstein AB, Germany 12 hours after they were injured and delivered them to the Army burn team.”

It’s a requirement for students to complete the course to qualify as AE crew members, but some decide it isn’t for them when they learn the nature of the job.

“It’s not for everyone,” Sergeant Curran said. “We have people who willingly leave the course because they have a sense that this really isn’t for them. They wanted to be a hospital medic or do something a little more traditional in a stable platform, and not have to look in the eyes of that wounded guy that soon after he is injured. Any of the instructors here, myself included, will tell you that to look down on a litter and to see somebody who’s life you know has been changed forever . . . they’re missing limbs. . . sometimes you know they have fatal wounds but they don’t know they’re fatal wounds. That’s a life-changing experience, not just for the patient, but also the people who come in contact with them.”

The patients like Private Samudio, whose lives are changed forever, also remember the care they received from the AE technicians.

“Without them I would have been in trouble,” said Private Samudio. “Looking back on everything they did and the procedures they went through, it was a big help, I’m never going to forget it.”

Airmen and their families can rely on the same teams that brought Private Samudio home. The Air Force aeromedical evacuation teams will be there to care for and transport them whenever they are needed. They will keep that promise.


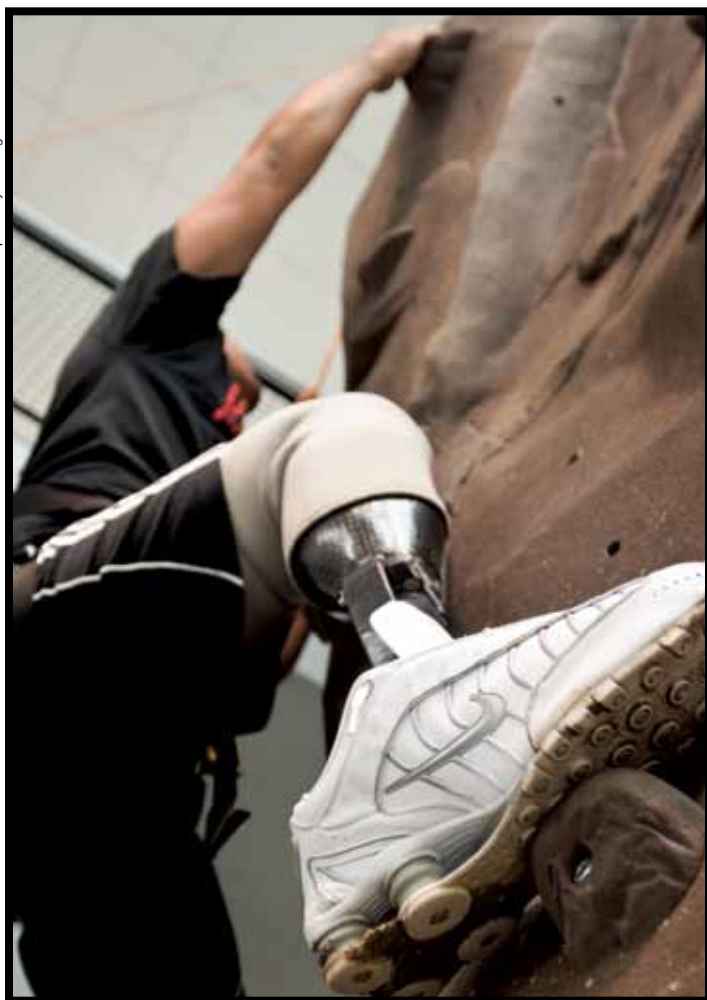
Private Samudio is now at Brooke Army Medical Center in San Antonio. He was fitted with state-of-the-art prosthetics, which help him run several laps around the Center for the Intrepid. He plans to leave the Army in December and attend college in Corpus Christi, Texas. He also plans to run in the next Army 10-mile race. 

photo by Staff Sgt. Desiree N. Palacios

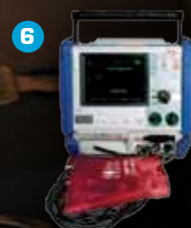


Pvt. Ricardo Samudio credits Air Force aeromedical teams for getting him from the battlefield to San Antonio, Texas, where he continues his recovery at the Center for the Intrepid at Ft. Sam Houston.

AEROMEDICAL

TOOLS OF THE TRADE

STAFF SGT. DOUG GISSENDANNER



Airman

1 Pulse Oximeter: checks patient oxygen level 2 Dressing Kit 3 I.V. Supply Kit 4 Liquid Oxygen Converter 5 Infusion Pump 6 ZOLL® Defibrillator: monitors pulse, blood pressure and temperature displayed with a 12-lead electrocardiogram print-out



Her Body is a Battlefield

BY STAFF SGT. J. PAUL CROXON ✦ COURTESY PHOTOS

Carol Mulumba's eyes are bright; the pure white contrasting dramatically with deep-brown irises. Her skin is bright and smooth and her lips are rosy. This wasn't always so. Until a few months ago, the 8-year-old's eyes were yellowed, her skin was pale and even her lips lacked any resemblance to the lips of a healthy child. She always appeared sick.

Before her seventh birthday, a deadly monster stalked Carol. A monster called sickle cell disease, a usually terminal illness that causes blood cells to be malformed. Shaped more like crescents than the flexible doughnuts of healthy red blood cells, they clogged her capillaries, causing hemorrhages and pain.

"To me, sickle cell disease is one of the worst diseases a child could go through," said Maj. (Dr.) Della Howell, Carol's oncologist at Wilford Hall Medical Center at Lackland Air Force Base, Texas. "It's a chronic illness. You never know what's going to happen on a day-to-day basis."

The uncertainty of the disease affected the entire Mulumba family, giving no rest to Carol's mother, Capt. Lucky Mulumba, a nurse at Wilford Hall. Captain Mulumba cared for patients at the hospital and came home to nurse her daughter. Like a monster continually stalking the family, the disease was a part of Captain Mulumba's life, shadowing her family even before Carol was conceived.

PERCEPTIONS OF A KILLER

Captain Mulumba and her husband Abdullah were born in Uganda where the perception of sickle cell is much different than it is in the United States. Captain Mulumba said sickle cell disease there is treated like a social affliction that haunts entire families.

"If someone has sickle cell or gives birth to a child with sickle cell, the entire family is looked down upon," she said. "Nobody wants to marry a woman from a family with sickle cell; nobody wants to associate with them. The children are treated like walking corpses. They aren't shown affection. They don't go to school. They aren't alive."

Sometimes this social perception leads to gruesome and traumatizing methods of cleansing the family of the disease.

"In Uganda, children with sickle cell are neglected and regarded



Carol's mother, Capt. Lucky Mulumba (left) and nurse, Capt. Carlyn Graft, comfort Carol shortly after a central line was placed in her chest. Medical staff became a second family for Carol during her treatment.

as already dead," Captain Mulumba said. "When women find out their baby has the disease, the husbands run away or the village abandons the child so nobody finds out."

Life in Uganda for children with sickle cell is often a life without relief from the pain and complications the disease brings. Captain Mulumba said people there often treat sickle cell with folk medicine cures, taking children to witch doctors or shamans for treatment. When these cures don't work on the children, they wait to die. Death by sickle cell is slow and painful as the disease shuts down organs and kills limbs.

For Captain Mulumba and her husband, sickle cell disease used to carry these social connotations. Captain Mulumba and her husband immigrated to the United States, leaving the rural Ugandan attitude toward sickle cell disease behind. In America, Captain Mulumba pursued a civilian career in nursing. However, she had no idea the disease would follow her to the U.S. and attack her world.

While Captain Mulumba worked as a nurse in Maryland, the couple found out they were expecting a baby. They joyfully welcomed Carol into the world on May 31, 2001. The new family left the hospital not knowing the lurking monster had struck.

"Just three days after Carol was born, I got a registered letter in the mail from the state saying Carol had sickle cell disease," Captain Mulumba recalled.

She said she read and re-read the letter, not believing that it could be true. In the following weeks and months, she had Carol tested over and over as her childhood perceptions of the disease began to push her into a deepening depression.

She knew Carol's future would be full of pain, suffering and vain hopes of finding a cure. As time went by, she found the strength and support to help her daughter and family in what she considered an unlikely place, the U.S. Air Force.

"Growing up in Uganda under the regime of Idi Amin, soldiers weren't seen as good. When they came to our village, we would hide in the jungle at night," she said. Despite her childhood fear of the military, Captain Mulumba saw the Air Force as a way to support her family and provide relief for Carol.

"I never dreamed what the Air Force would do to help my baby," she said.

Captain Mulumba said civilian health insurers refused to cover



Carol Mulumba received several blood transfusions including this one at Wilford Hall Medical Center in May of 2008.



Carol recovers after the surgery that placed the central line and prepared her for the bone marrow transplant that would free her of sickle cell disease.



Lt. Col. Vinod Gidvani, one of Carol's doctors at Wilford Hall Medical Center, poses with her and her father, Abdullah Mulumba.



Carol's hero, her brother Mark, was still sedated from donating bone marrow. While Mark slept, Carol began receiving the transfusion.

Carol, but the Air Force "took us 100 percent the way we were," and never even questioned the care Carol needed.

SUPPORT FOR THE SUFFERING

After graduating from Officer Training School, then 2nd Lt. Mulumba received orders for San Antonio. It was at this first duty station, when Carol was at her worst, that Captain Mulumba got the support and help she needed to care for Carol.

"The Air Force did so much to help," Captain Mulumba said, noting that the medical staff addressed Carol's needs in every way. She also said her chain of command tailored her schedule to work around Carol's needs.

As the disease ravaged Carol's body, she was put on increasingly more powerful pain medications. At one point she was taking pure morphine to combat the pain. However, the drug had devastating side effects, and Carol had to take more drugs to relieve them. Eventually, even morphine didn't work.

Captain Mulumba said during this time Carol would have good days and bad days. When the disease caused an episode, the family focus shifted to care for the child writhing in pain.

"There were days we would sleep on air mattresses in the living room to comfort Carol," Captain Mulumba said. "We always had a bag packed to take Carol to the hospital. I don't know how many times we took her in. I've lost count."

Though the disease stunted her growth and caused Carol to be about the size of a toddler at the age of 7, Carol's mind grew with the



Carol received platelets almost every day to fight the effects of chemotherapy.



For Capt. Lucky Mulumba, Carol's mother, holding her for a few hours each day was reassuring to them both.



Carol had some good days where her smile was bright for family and other visitors. Chemotherapy caused temporary hair loss.

realization of what her future with the monster disease held.

Carol's mother remembers a sad, profound moment while watching the funeral of President Gerald Ford. Carol saw the procession and ceremony as her own future.

"I remember her saying to me, 'Momma, will I be in a casket like that?'" Captain Mulumba said. "'What makes you ask that?' I asked her. 'The monster,' she said."

As Carol matured, she began to find new ways of describing to her doctors what the pain felt like.

"It feels like a punch," Carol would say about the pain in her head. "A kick," she said describing the pain level in her abdomen. "Stuck under rocks," she said about the pain in her feet.

As Carol's pain increased and episodes occurred more frequently, the family adjusted and accepted it as an unalterable part of life. Until one day when they were given the chance to fight and defeat the monster.

A CURE

Since sickle cell disease is genetic, there is no virus or bacteria available to eradicate it. The disease stems from Carol's own body and its production of misshapen blood cells. To cure the disease, doctors needed to replace Carol's blood and blood-producing bone marrow with someone else's. That's exactly what they did.

Wilford Hall doctors, working with doctors from the Metropolitan Methodist Hospital in San Antonio, determined Carol was a perfect candidate for the radical new treatment. A handful of sickle cell patients had been cured through a combination of chemotherapy and bone marrow transplants. This was the only hope for Carol, but the treatment carried its own set of daunting obstacles and life-threatening dangers.

The biggest obstacle was finding a donor whose bone marrow was a close enough match. Carol's savior was her own brother Mark. Amazingly, her baby sister Aliah was a perfect match as well, but

5-year-old Mark was chosen as a better candidate.

"Mark is my hero child," said Captain Mulumba. "Civilian doctors said I shouldn't be pregnant again because of the sickle cell."

In fact, she said she was advised to terminate the pregnancy. Captain Mulumba said she and her husband decided that was not an option and Mark was born free of the disease. In fact, blood from the umbilical cord was stored for possible future use in treating Carol.

Five years later, the blood was used in the treatments that cured Carol, but the treatment didn't come without risks.

An aggressive chemotherapy treatment was needed to kill off Carol's sickle cell-producing bone marrow before new bone marrow could replace it. This meant Carol would be completely without an immune system since bone marrow also produces white blood cells. Carol could die from something as simple as a common cold.

Air Force doctors prepared her for the bone marrow and blood transfusion in August 2008. After monitoring her blood, she was given the first dose of chemotherapy on Oct. 7, 2008. She experienced the side effects of chemotherapy almost immediately.

Captain Mulumba noted on Carol's online journal that she had severe abdominal pains, headaches, chills, itching and hives. For a child whose life was defined by pain, these setbacks were minor compared to the emotional stress of being quarantined to a hospital room.

"Carol became angry," Captain Mulumba said. "I've never seen her so angry. She was irritable and quiet." She also recalled how lonely and upset Mark was. The young hero persistently asked about his sister and was consumed with worry, sometimes refusing to even eat or sleep.

Carol got a break from chemotherapy and was able to go home Oct. 11, 2008 only to return a week later for more chemotherapy. On Oct. 29, 2008, Mark was admitted to the hospital and a liter of bone marrow was harvested from his femur. Over several hours it was



transplanted into Carol. The next day Carol received the blood that was saved from her brother's birth.

VICTORY

Carol's transplant was a success. Mark's bone marrow now lives within Carol's body and produces healthy blood. Tests over the course of a year show no rejection of Mark's tissue, no evidence of sickle cell and no reason to believe it will ever come back. Carol is cured.

Brother and sister now have a bond few people can understand. A piece of Mark lives within Carol, giving her life and freedom from pain.

"Look at her eyes; so beautiful," her mother said. "See her lips . . . her skin? It never looked like that with sickle cell. Even her personality has changed."

Indeed, the entire family is changed. The mattresses are no longer in the living room. The family can sleep without fearing a visit to the emergency room. The monster is vanquished.

"The monster is in the trash. It's in jail," Carol said almost haphazardly. She is already forgetting her disease, engrossed in the activities of a healthy 8-year-old for the first time.

Living with sickle cell in one form or another throughout their lives, the Mulumbas are thankful to the Air Force to finally be free from the disease.

"We couldn't have done it without the military," Captain

"We couldn't have done it without the military ... I think the Air Force made this happen. I'm so grateful I'm part of it. I'll stay in and give back." — Captain Mulumba

Mulumba said, noting the costs associated with extended hospital stays, treatments, tests and follow-up care would have been prohibitive without her military health benefits. "I think the Air Force made this happen. I'm so grateful I'm part of it. I'll stay in and give back."

The Mulumba family is giving back by working to provide relief and education to communities struggling with sickle cell disease. They started a non-profit foundation to educate and provide relief for their home country known as the Uganda -American Sickle Cell Rescue Fund.

Carol, walking proof that the monster doesn't always win, has a burning desire to help other children with sickle cell.

Next year Carol's dream of raising awareness about this horrible disease will come true when she hopes to meet President Barack Obama through The Make-A-Wish Foundation.

"When I meet the president I want to tell him about sickle cell disease," Carol said.

The sickle cell monster didn't find easy prey with the Mulumba family. Instead, the devastating disease brought a family closer and united them in a cause. Perhaps one day, through the work of Carol, her parents and some dedicated Air Force and civilian doctors, sickle cell disease may exist only in textbooks. Children with the disease may have a future of bright eyes, rosy skin and healthy smiles. ♡



Carol, finally in her own room, is able to celebrate because she's had no crisis caused by pain for five months.

Carol and her mom are all smiles because they just received the first post treatment DNA tests. Carol is officially 100 percent free of sickle cell disease.

Carol and Mark were finally able to ride and skate together in April 2009.



DEFENDER'S **EDGE**

A NEW APPROACH TO COMBAT STRESS

STORY AND PHOTOS BY SENIOR AIRMAN ANDRIA J. ALLMOND, 332ND AIR EXPEDITIONARY WING PUBLIC AFFAIRS





Capt. Craig Bryan, 332nd Expeditionary Aerospace Medicine Squadron traumatic brain injury clinic director, shares a laugh with quick reaction force Airmen before a combat-stress therapy scenario. Captain Bryan works with members of the 532nd Expeditionary Security Forces Squadron to improve their mental resiliency to combat-related stressors before they go outside the wire.

Senior Airman Brian Hafner, a 532nd Expeditionary Security Forces Squadron force protection patrolman and former Marine Corps infantryman, was diagnosed with post-traumatic stress disorder after his first deployment to Iraq as a Marine. Airman Hafner knows exactly which event affected him the most.

"I lost a lot of friends that day," said Airman Hafner. "We were told it was supposed to be peaceful there. And then, some friends of mine in the unit right in front . . . they went across the first bridge in Nasiriyah. That was ambush alley."

Symptoms of PTSD include recurrent and distressing nightmares or recollections, extreme physical reactivity, hypervigilance and an exaggerated startle response.

"I knew I was at home and safe," said Airman Hafner, an advanced designated marksman. "Yet, for some reason, I was crawling on the carpet looking for my gun thinking, 'Where could it be?' How could I fall asleep? Is everybody okay?' I didn't know where I was and started feeling panicked. But at the same time, I knew I was in my house."

Airman Hafner finished his tour in the Marines and enlisted in the Air Force in 2006. He kept working and kept going through the motions until he was told that he was going back to Iraq. That's when he decided to seek military PTSD treatment.

"I wanted to make sure that if I was coming back to Iraq, I would be able to do my job," he said. "So, I went and saw (a military mental health provider). They listened, but it didn't seem like they had a whole

lot of experience. I couldn't open up when the person I was talking to seemed not to know what I was talking about."

When he returned to Iraq, he was still experiencing psychological distress. Then, one day shortly after arriving, Airman Hafner's unit was rounded up for a briefing. In walked Defender's Edge founder Capt. Craig Bryan, the traumatic brain injury clinic director for the 332nd Expeditionary Aerospace Medicine Squadron at Joint Base Balad.

"I see this skinny Air Force captain roll up, and my first impression was, 'This guy doesn't know what he's talking about. I don't even know why I'm here. At least he brought pizza,'" said Airman Hafner. "But, as he was going through the module, I thought he really seemed like he had a lot of experience dealing with people who had my problems. I approached him afterward and asked if I could meet with him on occasion to help me."

Capt. Bryan began Defender's Edge because he saw a need for change in the standard mental health services. He felt this was especially true for those with combatant duties.

"Stigma toward mental health services is a significant barrier to military members receiving needed treatment," he said. "Servicemembers may also fear negative perceptions from their comrades and leaders, as well as a potentially negative impact on their career if they seek psychological services."

The captain attributes this stigma to a clash between traditional mental health services and the warrior ethos – a vital element of the Air Force Security Forces career field.



Senior Airman Brian Hafner, a member of the 532nd Expeditionary Security Forces Squadron completed the Defender's Edge program and uses techniques he learned there to deal with post-traumatic stress disorder symptoms.

"People, especially cops, don't want to go to mental health," said Captain Bryan, who visited the 532nd ESFS quick reaction force compound several times a week and participated in some of their training exercises. "They don't want to think they're broken or damaged. There is a stigma associated with reaching out for psychological help. Some think that if they are seen going to mental health they are weak or somehow letting down their comrades, will have their weapon taken away from them or be sent home."

So, Captain Bryan started Defender's Edge as a customized mental health program for security forces Airmen who conduct missions on or outside the wire. It differs from the Air Force's traditional methods of treating combat stress by taking the counselor to the Airmen and talking to them in language they already understand.

"I want them to know that I am trying to make them bigger, faster and stronger by giving them the skills to make them more resilient," he said. "This way, if they are weakened, it will be less than if they didn't have these skills to fall back on."

Unlike conventional techniques, which adopt a one-on-one approach focusing on emotional vulnerability, Defender's Edge brings the mental health professionals into the group environment, assimilating them into the security forces culture.

"The combatant ethos adopts a collectivist identity and mental health providers are often seen as outsiders," Captain Bryan said. "They are therefore viewed with suspicion since, according to the warrior culture, trusting an outsider with one's safety can put the whole group at risk."

"Stigma toward mental health services is a significant barrier to military members receiving needed treatment."

— Capt. Craig Bryan,
Defender's Edge founder

In order to develop shared experiences with program participants, Captain Bryan underwent several training exercises with the group. In one exercise, he was blindfolded, disoriented and then submerged during vehicle rollover training. In another exercise, he worked in some trigger time with the deployed defenders at the firing range.

"That's the beauty of this program," said Capt. Laura Dart, 532nd Expeditionary Security Forces Group medical officer, who is embedded with the quick response force Airmen and lives on the compound. "They see Captain Bryan as a member of the squadron, not a mental health worker. He's always here. So, due to their ability to come to him on their turf, a much more comfortable situation, they have accepted him very well. They trust him and feel very comfortable approaching him with issues, and that has been the biggest help with this program. They appreciate the information he gives them. It's all really helpful and specifically designed for what they do."

The direct participation in the group's daily life also dictated the terminology Captain Bryan chose.

"Traditional mental health approaches are typically delivered in the clinical vernacular of mental health," said the captain, whose stateside job is chief of primary care psychology at Lackland Air Force Base, Texas. "Essentially, this requires the audience to learn a new language. I wanted to learn to speak their language, not have them speak mine."

The program components also rely on using skills the participants



Capt. Craig Bryan (second from left) briefs a group of 532nd Expeditionary Security Forces Squadron's quick reaction force Airmen before a combat-stress therapy scenario at Joint Base Balad, Iraq. Captain Bryan is the 332nd Expeditionary Aerospace Medicine Squadron traumatic brain injury clinic director.

have already learned and adopted through their military training. One of the sessions, for example, applies weapon-firing breathing techniques to exercises for stress relief.

Keeping the training focused on job-related skill sets allows the program to emphasize that each security forces member is a human weapons system, which requires routine maintenance for optimal performance.

The mental health specialist teaches specific skills to security forces teams in 30-minute modules; then, the Airmen go outside the classroom and practice the techniques on their own during battle drills and actual missions.

The five core educational modules are: "fatigue countermeasure," which includes sleep enhancement and alertness strategies; "adrenaline management," based on stress abatement and relaxation; "mission focus," dealing with goal-setting and distress tolerance; "mind tactics," encompassing hardiness and resilience; and "killing," which includes trauma prevention.

So far, the results of Defender's Edge are encouraging.

"I would consider this program a triumph," said Captain Dart, adding that 20 percent of the Airmen who were exposed to Defender's Edge have gone on to seek some sort of counseling or treatment for themselves.

Captain Bryan and Airman Hafner both cited the program's unique format as the one reason why it's been successful.

"It's not a mass briefing in a big, dark room," said Airman Hafner. "The worst thing that could happen to the program is to make it dull, computer-based training. Part of the reason it was so good was

photo by Staff Sgt. Shawn Weismiller



Senior Airman Courtney Weatherspoon travels around southern Iraq talking to Airmen about their morale and well being. She's a mental health technician with the 732nd Expeditionary Support Squadron Combat Stress Control Clinic.

because of the way Captain Bryan presented it. We felt like he was our (own unit's) captain. This specific program shows people that their military service is really trying to help them."

In the meantime, Airman Hafner's life is starting to get back to normal. "I've spent my time while deployed here trying to get myself in better shape, to go home to my family at my best," he said. "I gotta do that mentally too, so I can spend more time talking to my wife and daughter and giving them all the attention they deserve." 🦅

COMBAT STRESS

Senior Airman Courtney Weatherspoon occupies the most neglected, least used desk in all of Iraq. It's tucked away in the corner of a two-story battle-scarred building gathering dust. Yet, from sun up to sun down, this Airman is on the clock. People recognize her everywhere. She is known throughout the camp as "the mental health lady."

"We need people here to feel comfortable with our presence and one way we do that is to integrate ourselves into their world," said Col. Jim Cockerill, 732nd Expeditionary Support Squadron Combat Stress Control Clinic commander. "There's not a place Airman Weatherspoon goes that she isn't recognized. It's the first step to being let in."

Using a technique called "Helping in Place," Airman Weatherspoon, a mental health technician deployed from the 99th Medical Operations Squadron at Nellis Air Force Base, Nev., conducts her job in nearly any setting. This seems perfectly suited for the expeditionary military environment, since it enables mental health professionals to bring care to those who can't come, or are uncomfortable going, to a traditional clinic.

"'Helping in Place' gives us the opportunity to get to know all the people we're responsible for," said Airman Weatherspoon, a native of Alliance, Ohio. "It's one more way to get our faces out there."

In Iraq, this means embedding with the Airmen, Soldiers, Sailors and Marines from a variety of squadrons and brigades. This enables the providers to build a good rapport with the commanders and first sergeants and establish an understanding of how to get people care when the need arises.

"My job is first to educate the leadership on what I can offer their people," Airman Weatherspoon said. "The next important thing to communicate is the importance of knowing your people and how to read the signs when something just isn't right. They need to be my eyes and ears so that when I do visit, I know who to give extra attention to."

Filling the role of a joint expeditionary tasked Airman, she received six weeks of advanced Army combat skills training which prepared her for travel between forward operating bases. With fewer U.S. forces in Iraq spread over greater distances, the combat stress teams have to travel

"It's more important than ever to get someone out to these FOBs because they either have no one, or one person for 3,000 people," Airman Weatherspoon said. "Sometimes I feel like there isn't enough of me to go around and help the people who need it most."

photo by Staff Sgt. Shawn Weismiller



Senior Airman Courtney Weatherspoon, a mental health technician, prepares for a convoy to Forward Operating Base Cedar. Airman Weatherspoon regularly travels around Southern Iraq to speak to Soldiers, Airmen, Sailors and Marines about morale and well being.

For Airman Weatherspoon, being a good wingman is more than a concept written on a laminated, wallet-sized card. "It's about being the person you would want to turn to," she said.

"One of the main things a person can do for someone having a difficult time is to just listen, without judgment," she said. "Every single person I come in contact with, I make sure I give them the same degree of understanding as I would expect for myself. I never give anyone less, ever."

While there's more to helping a person than just allowing someone to vent about the frustrations, listening is the single most effective way to show a person you care and may possibly save a life, Airman Weatherspoon said.

Learning to listen was the most important preparation for her prior to deploying. It served her well in her first encounter with a patient suffering from post-traumatic stress disorder.

"Here I am speaking with a man who cannot even go to a nightclub without having flashbacks of his last deploy-

ment," Airman Weatherspoon said. "Listening to his story made this war real to me in a way I hadn't been aware of before. It made me stop and see that what our men and women are going through over here is real."

It's not asking a person if he is OK that Airman Weatherspoon said she finds the hardest, it's the answers.

"When you ask a person how they are doing, you need to be prepared to open Pandora's Box," she said. "Sometimes the answer you get is not pretty and very uncomfortable to hear."

Not everyone can make voicing fears and secrets comfortable. Airman Weatherspoon's willingness to hear even the tough answers helps.

"In our job, we have to make people feel comfortable with opening up to us," said Staff Sgt. Gustavo Larsen, the Combat Stress Control Clinic NCO-in-charge of mobile prevention. "Airman Weatherspoon has that calming presence that instantly sets someone at ease. When we are given so little time to gain their trust, she's a very valuable person to have on staff."

Combat stress clinics are located throughout Iraq and Afghanistan. Additional information can be found online at www.militaryonesource.com.



AC-17 Globemaster III lands at Dover Air Force Base, Del. and pulls into place. Its cargo door opens, revealing a line of transfer cases; each meticulously draped with an American flag. The whirl of equipment and the sobbing of a mother are the only sounds. The dignified transfer begins.

Airmen, Marines, Soldiers and Sailors assume positions around each case and wait as the chaplain prays. Each case is carefully handed to an awaiting carry team. As the rain falls, military men and women stand at attention. Each face appears stoic during the solemn transfer. A general officer expresses his gratitude and his respect for their service; slow, deliberate salutes are rendered as the cases are loaded into a transfer vehicle. The vehicle drives to the nearby Air Force Mortuary Affairs Operations Center at the Charles C. Carson Center for Mortuary Affairs, a 70,000-square-foot facility, and the process begins.

"We're charged with fulfilling our nation's sacred commitment of ensuring dignity, honor and respect for our fallen; with care, service and support for their families," said Col. Bob Edmondson, AFMAOC commander. The colonel, who's been in the Air Force

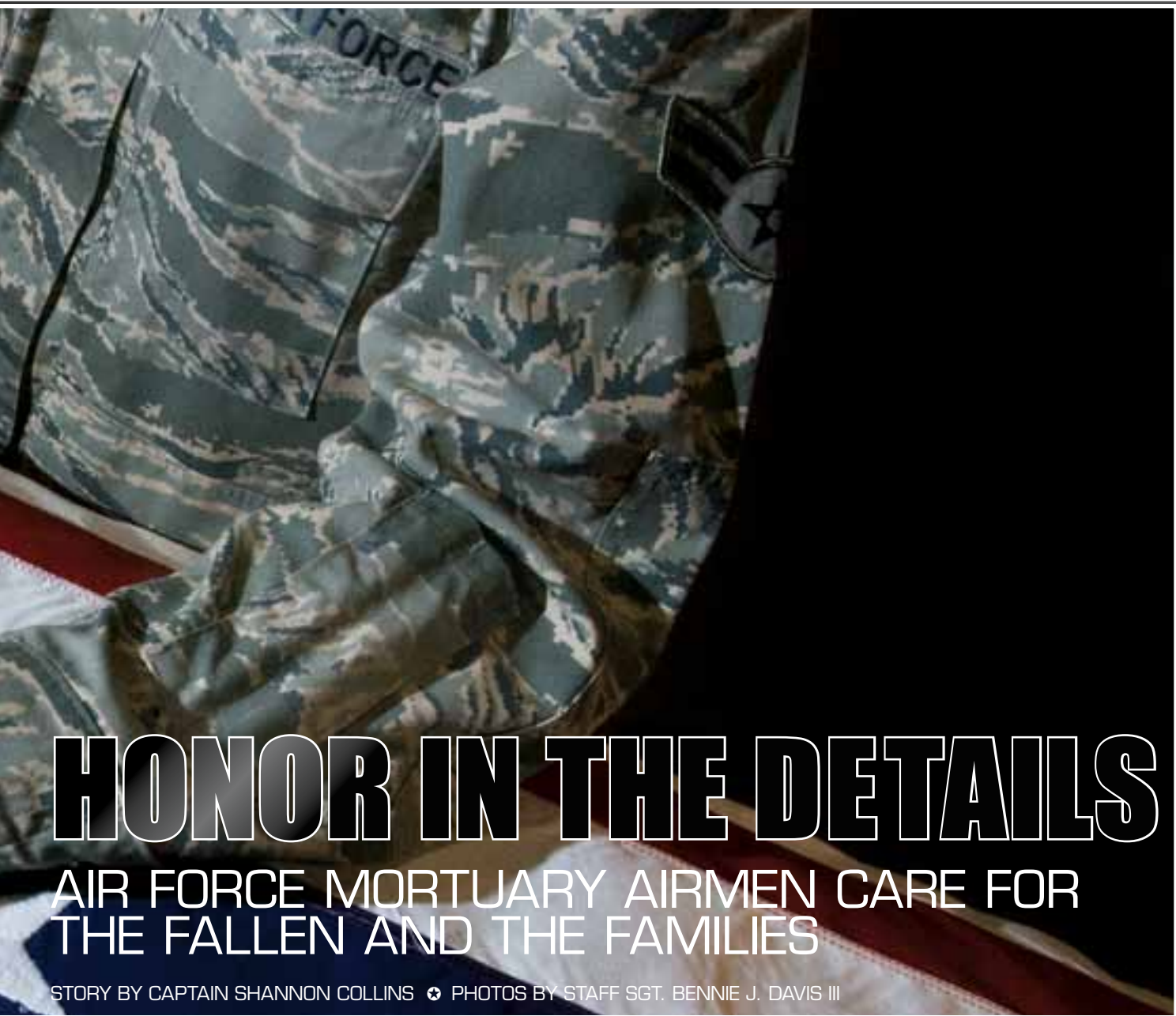
for 18 years, is humbled by his experience here.

"Dignity, honor and respect" is more than a mantra for this joint staff; it's a way of life. They pour their hearts and souls into this mission.

"There are thousands of hours of work and care, and buckets and buckets of love put into returning these fallen to their loved ones in the most expedient and professional way," he said. "There's a lot of work and there's a lot of effort, and it's all done with pride and excellence.

"There's a whole group of people . . . to make sure that our country does, in fact, fulfill its sacred commission of ensuring dignity, honor and respect and care, service and support for the families," he said

More than 70 active-duty military members, Guardsmen and Reservists deploy to the AFMAOC each year. About 100 more are volunteers from the 436th Wing at Dover and approximately 60 civilians work as embalmers, armed forces medical examiners and federal agents. They are available 24 hours a day, seven days a week. The arrival of remains dictates the schedule and everyone stays until the last detail of this mission is complete.



HONOR IN THE DETAILS

AIR FORCE MORTUARY AIRMEN CARE FOR THE FALLEN AND THE FAMILIES

STORY BY CAPTAIN SHANNON COLLINS ✦ PHOTOS BY STAFF SGT. BENNIE J. DAVIS III

The mortuary staff prepares the remains of fallen U.S. military government officials and family members stationed abroad. Since 1955, the remains of more than 50,000 military men and women have been identified, prepared for funerals and returned to their families.

The fallen begin the AFMAOC journey at triage, where the remains are received and X-rayed for potential explosive devices. Once cleared, each is sent to the identification section for photographs and dental impressions.

PERSONAL EFFECTS

Airmen will spend hours making personal items look as new as possible for the family members.

Personal effects could be anything from dog tags to a family photo. To many, these are the sentimental items carried or worn when serving in places such as Iraq or Afghanistan. For families of the fallen, these simple things may be cherished keepsakes. A watch could be a family heirloom, passed down from generation to generation. A necklace, once worn around the neck of an Airman can again rest close to the heart of a surviving spouse.

Three Airmen deployed from the 43rd Force Support Squadron

at Pope AFB, N.C., prepare, and sometimes repair, personal effects of the fallen. "I could be working on a broken watch for hours, but it may still have the smell of cologne, and I know I can preserve that and get it back to the families," said Tech. Sgt. Latersa Frazier, the personal effects supervisor. "It could be the one item a child has to remind him of his father or mother. That means everything to me."

Whether an item is charred, burned or severely damaged, the Airmen will spend whatever time is needed, sometimes a whole day, on it, scrubbing, buffing and polishing, trying to make it look new again.

"We put in the extra work when dealing with personal effects because we want to be able to give back to the family just a little something for their loss," she said.

In the AFMAOC mortuary, the consensus of those working in the other sections is that the personal effects section is the most difficult because it's so personal.

Staff Sgt. John Cabral, a personal effects specialist deployed from the 60th Force Support Squadron at Travis AFB, Calif., finds working in the personal effects section difficult at times.



Chairman of the Joint Chiefs of Staff Admiral Michael Mullen, Army Brig. Gen. Michael Harrison, Rear Adm. James Shannon and Air Force Col. Manson Morris render a solemn salute during the dignified transfer of a fallen warrior at Dover Air Force Base, Del., July 8, 2009. All fallen service members are transferred directly from the combat theater to the Air Force Mortuary Affairs Operation Center at Dover AFB where they are carefully prepared for return to their families.

"I remember my first case," Sergeant Cabral said. "He was only 19. When I saw him in triage, he was pretty messed up. Once I started looking through his personal effects to clean them up, I saw photos of him and his girlfriend; pictures of how he looked. It was just very hard for me. It takes a strong person to be able to do the job and put your emotional feelings to the side. It affects you."

The emotional load these Airmen carry could quickly become too heavy if they didn't look after each other.

"We talk to each other a bit back here, because if we don't take care of each other, we could break," said Airman 1st Class Rontera Powell, a personal effects specialist deployed from Pope AFB. "It's sad seeing people come through here, because you don't want anyone to die. We take care of the fallen, and we take care of each other."

"My motivation is this person who has served our country, who made the ultimate sacrifice," said Sergeant Frazier. "This is something I can do for them because they sacrificed their lives for us. Just cleaning a simple dog tag, even if I had to stand here half the day to clean it to get it back to the family, I would do that. Not only is the servicemember making that sacrifice . . . the families, the loved ones and the children . . . being able to support that person, that family . . . it's an amazing feeling."

Sergeant Frazier is now going to school to become a mortician and Airman Powell is studying for medical school. Both value the time spent and experience gained at the port mortuary.

"I've been in 11 years, and though I didn't expect to be working in mortuary affairs, I wouldn't trade it for anything," Sergeant Frazier said. "I feel drawn to it. I just can't see myself doing anything else. It's all about the care, service and support for the families."

EMBALMING

At another section people are performing autopsies and lab tests to determine the cause and time of death before cleaning and embalming.

One of the embalmers is Bill "Zigi" Zwicharowski, the director of mortuary operations. In his 10 years at the mortuary, he's worked in every area during several major catastrophic events including incidents involving the USS Cole bombing, the Pentagon on 9/11 and the space shuttle Columbia disaster.

"Each incident was different," he said. "The attack on 9/11 was just absolutely shocking and when we got the word that we were going to receive the remains from the Pentagon, it was a combination of motivation, of anger and sympathy for the families, all mixed in at the same time."

UNIFORMS

Representatives from each service work in the uniform section and have a special task. The uniforms they put together are the last uniforms these fallen heroes will wear when they return home.

Staff Sgt. Charles Anthony Bell, a mortuary technician, has been with the center since June 2008. He oversees the uniform section, working with liaisons from each branch of the military. He makes sure the section is fully stocked. There are new uniforms, rank insignias, ribbons, patches, medals and socks. Everything is new from the skin out. The team spends hours preparing uniforms for the fallen, even though the uniforms may never be seen.

"I want everything to be as perfect as possible," Sergeant Bell said. "Even though the shirts are covered by the jackets, we still take the time to clip the strings on all of the buttons, around the collars and the pockets. We polish the devices on the ribbons, making sure they're equally nice and shiny. We check every detail, making sure the uniform is 100 percent correct."

Details are very important for Petty Officer 2nd Class Danielle Van Orden, a hospital corpsman and the Navy - Marine Corps liaison. She's served at the center for two years and is one of 16 morticians in the Navy.

"Everybody, everybody is treated with respect, dignity and honor," the mortician of 10 years said. "We take pride in what we do.

"We know that when the uniform leaves here, it has our stamp of approval — our name on it," she said. "We know that people are going to be viewing their loved ones at funerals. When they open that casket, they see the military creases; they see that we took our time."

"My motivation is this person who has served our country, who made the ultimate sacrifice."

— Tech. Sgt. Latersa Frazier

Taking their time to make sure everything is correct, the joint team uses a variety of tools, like a ruler crafted specifically for the uniforms, stand-up steamers, mini grinders and more. They also have engraving tools to use on urns and to produce uniform name tags.

The team works around the clock to get the uniforms put together as quickly and accurately as possible, so there is no delay in sending the fallen home.

"Everyone is taken care of here to the 100 percent level of everyone's ability," said Lance Corporal Adam Knebler, a liaison from Marine Corps Casualty at Quantico, Va. "Sometimes I'm here 12 to 14 hours. I don't want to leave until the mission's accomplished."

A reservist from Wichita, Kansas, Lance Corporal Knebler volunteered for a one-year assignment here. He plans to become a chaplain so that he can serve Marines both downrange and at home station.

Sgt. 1st Class Jimmy Toro, Army liaison and a uniform section supervisor, said measurements are taken as soon as the remains arrive.

"We get sizes as soon as the fallen heroes arrive in the building," said the deployed Army Reservist from the 311th Quartermaster Company in Puerto Rico. "We put together their uniforms and take the items to the alterations shop, getting the patches and stripes sewn on the uniform. We verify the proper awards and decorations . . . and we put it together."

Sergeant Toro originally took a one-year deployment here. He gained so much satisfaction from the job that he volunteered for two more years.

DRESS AND WRAP

After the body is embalmed and the uniform is pressed and ready, Airmen in the dress and wrap section step in.

"We make sure that the uniform is perfectly fitted to the individual and no detail is overlooked, from the white gloves to the black socks," said Tech. Sgt. Katie Badowski, deployed from the 446th Services Flight at McChord AFB, Wash. "All of the troops who are processed through the mortuary have paid the same price, the ultimate price. They did it for our country. I remain strong for the families in these times of need. This is what allows me to do my job effectively and with purpose."

Not all uniforms are worn. Some, if injuries were severe, will be draped over the carefully wrapped remains inside the casket.

After the uniform is in place, the remains are moved to cosmetology, where wounds are covered with care by experts. Once the remains are processed, the uniform donned or draped and the team takes one final look, the remains are moved to the final stop, where two Airmen make one final check.



Tech. Sgt. Willard Rico tightens a U.S. flag over a casket in practice for a dignified transfer of remains. The AFMAOC is to the Defense Department's only joint-service mortuary in the continental United States.



Seven fallen heroes arrived at Dover Air Force Base Del., July 8, 2009. They were transferred to the Air Force Mortuary Affairs Operations Center where they were processed and prepared for transport to their final destination.

photo by Benjamin Faske



The personal effects section cleans and repairs every personal item that may be returned to the families.

SHIPPING

Tech. Sgt. Willard Rico, deployed from the 60th Force Support Squadron at Travis AFB, Calif., and Staff Sgt. Star Samuels, a shipping specialist deployed from the 43rd Force Support Squadron at Pope AFB, inspect the caskets and perform a final check.

"We make sure everything is perfect," Sergeant Samuels said. "Our mission is to send them out the way they're remembered, not how they came in."

Flags, hang pressed and waiting. These flags will be folded by an honor guard at the funeral and presented to the family. For Sergeant Samuels, pressing the flags is prophetic and important.

"When I'm pressing a flag, I'm pressing a flag for someone who hasn't died yet," she said. "Today, we pressed 12 flags; those flags could be here until next weekend, then all of a sudden, we're pressing 12 more flags."

The Airmen perform this mission every day, knowing there isn't much they can do for the fallen. Everything is for the survivors.

"We're here for the families," said Sergeant Rico. "I'm privileged to be working here, giving dignity, honor and respect to the fallen for their families. It's the most rewarding job I've ever done so far in my career."

CHAPLAINS

While the remains of the fallen are going through that last step, the personal effects are handed to an awaiting family member or volunteer escort from the fallen member's respective branch of service. They meet with the on-site chaplains and stand by, ready to escort the fallen member home. The chaplains provide counsel to family, mortuary staff and escorts and pray over remains of fallen heroes.

"I have engaged with many escorts, but the most difficult are the family members," said Chaplain (Lt. Col.) George Ortiz-Guzman, deployed from Vandenberg AFB, Calif. "Their pain is present and palpable. As a chaplain, comforting grieving families and watching over the remains of those heroes who keep me safe is the greatest calling I could answer."

WORKING FAMILY

Sometimes working for the AFMAOC can be overwhelming. Constant exposure to the fallen takes a mental toll on mortuary staff. The chaplains and other members of the traumatic stress response team check on them regularly.

"Remaining strong and sane for the sake of the mission is a defense mechanism humans use to perform amongst all that horror," said Chaplain Ortiz-Guzman. "But, we try to be as real as we can with our troops. We cry with them and laugh with them. We are part of the team."

Staff Sgt. Amber Merefieled is a mental health technician



Staff Sgt. Charles Bell is surrounded by military service dress uniforms for every service, rank and size. Sgt. Bell is the non-commissioned officer-in-charge of the uniform section at the Air Force Mortuary Affairs Operations Center, Dover Air Force Base, Del.

deployed from the 87th Medical Operations Squadron at McGuire AFB, N.J. Her mission is to provide a pre-exposure briefing to new staff members and to provide everyone with a sense of normalcy in an abnormal situation.

"We help set the tone for things to come, as well as being there when things aren't going so well for others," she said.

She said working here has changed her perspective from distant to near.

"It has made me respect and realize the cost of war a lot more," she said solemnly. "There's a big difference between hearing it on the news and seeing it in person."

Mr. Zwicharowski said sometimes it's safer to detach.


"We don't want to get too involved with what we do and with the families," he said. "If we knew all the stories of all the people who came through here and dwelled on it — the children, the wives, the families, the cause of death and everyone on the other side — we would probably end up in a padded room. So we try to separate ourselves from that and continue to focus on returning them to their families."

Chaplain Ortiz-Guzman, Sergeant Merefieled and Zigi are just a few of the men and women who work here at the Air Force Mortuary Affairs Center, people who are like family. The AFMAOC commander is proud of his mortuary family. One of the hardest aspects of the mission for this "family" is leaving.

The families and the mission are why Sergeant Bell, who's been in the Air Force eight years, wants to stay here as long as he can.

"I wish I could finish out my career here, helping the families and caring for our fallen," he said, choking with emotion. "This is definitely a special place. This mission is so important because it gives the families one less thing they have to be concerned about while they are already going through such a rough time."

"Their loved ones are cared for and treated with the upmost respect and dignity here," he continued. "Everything we do here is to honor those who truly lived 'service before self' and to honor those families who have supported their loved ones as they protect our great nation. Those that have paid the ultimate price are not forgotten and just because they're not physically here to speak for themselves, we will speak for them and give them the same honor, dignity and respect."

The remains of a fallen hero just left the center. Every detail attended to. This hero is headed home. 



MORTUARY AFFAIRS

Airman 1st Class Rontera Powell

photo by Staff Sgt. Bennie J. Davis III



“I love serving my country in any way I can. I loved working there because it gave me an opportunity to serve the fallen and their families. They gave the ultimate sacrifice for me and our country.”

HOME UNIT/BASE:

**43RD FORCE SUPPORT SQUADRON,
POPE AIR FORCE BASE, N.C.**

HOMETOWN:

ANNISTON, ALA.

ENTERED AIR FORCE:

JULY 17, 2007

PRIMARY AFSC:

3M051 SERVICES



Senior Airman Kevin Krogh learned to snowmobile during the 23rd Annual National Disabled American Veterans Winter Sports Clinic in Snowmass Village, Colo. Airman Krogh lost both legs in a major car accident in 2007. Airman Krogh is assigned to Fort Sam Houston in San Antonio, Texas.

NO STOPPING NOW

A group of people in winter gear are standing in a snowy field. In the background, several snowmobiles are parked. The scene is set in a snowy, mountainous area.

WINTER REHABILITATION CLINIC SHOWS VETERANS' POTENTIAL

STORY BY RYAN MATTOX ✪ PHOTOS BY STAFF SGT. DESIREE N. PALACIOS





Veterans of all ages and conflicts come to Snowmass Village, Colo., to subdue doubt. They are the oldest of the greatest generation through the youngest warriors of our latest generation. Age is not a barrier and neither are physical impairments. Together, they conquer their perceived mountains

This year more than 400 disabled veterans each came to conquer their own individual mountain during the Department of Veterans Affairs' 23rd National Disabled Veterans Winter Sports Clinic. The six-day event teaches disabled veterans skills in adaptive Alpine and Nordic skiing, and introduces them to a number of other winter sports in the local area.

"It takes teamwork, belief and people buying into what we do here," said Sandy Trombetta, the National Disabled Veterans Winter Sports Clinic director. "Everyone who comes to this event owns it. It's that sense of ownership by every individual that makes it work.

"You can create the greatest plan in the world, but unless you have people who really buy in and are willing to do whatever it takes to succeed you are not going to go anywhere," she said.

The event takes a lot of preparation and teamwork. Veterans Affairs officials say it's the largest adaptive event of its kind. Even with its large size, the Winter Sports Clinic is still as individual to the workers as the reason for coming is to each participant.

Individualization is the key because of the scope of disabilities represented. The annual program is open to veterans with traumatic brain injuries, spinal cord injuries, orthopedic amputations, visual impairments, certain neurological problems and other disabilities. And because the program is specifically designed as a rehabilitation program, participants are from among those receiving their care at a VA medical facility or military treatment center. For many, the ultimate challenge of skiing is a giant step in recovery.

Supporting their recovery is a team of volunteer Airmen like Tech. Sgt. Richard Layton, a 56th Maintenance Group weapons training



In addition to skiing, Senior Airman Kevin Krogh played ice hockey and learned to drive a snowmobile during the Winter Sports Clinic. The clinic offers rock climbing, scuba diving, trap shooting, sled hockey and other sporting events designed to take the participant to the next level in their recovery.

manager from Luke Air Force Base, Ariz. He's a six-year veteran volunteer at the winter clinic. This year he coordinated a team of volunteer Airmen to assist the veterans and prepare the event sites.

Layton's team spent the first two days helping more than 200 veterans as they arrived at the local airport. The team assisted with everything from helping them off the plane to arranging transportation to Snowmass Village. At the clinic, the team set up equipment, prepared staging areas, built wheelchair ramps and did anything else to remove the physical obstacles for participants.



Mark Finken assists Senior Airman Kevin Krogh from his wheelchair to his mono-ski. This was Airman Krogh's first year at the sports clinic and found that the most frustrating part was learning how to use the adaptive equipment. Finken is a ski instructor for the Disabled American Veterans Winter Sports Clinic.

"I never thought I would be out here skiing without legs and enjoying it. I'm also playing hockey for the first time. I thought I would never be doing that and it sure makes me feel real good about it."

- Senior Airman Kevin Krogh

But, there are obstacles that the participants had to deal with on their own. Due to the elevation many participants battle altitude sickness. Symptoms can include dizziness, nausea and shortness of breath. These are common and usually go away once a person becomes acclimatized.

In addition to adjusting to the altitude, throw in the frustration of learning to use new equipment and learning a new skill. When everything is in place, the veteran then must overcome the fear of hurtling down an 11,000-foot mountain on adaptive equipment.

"I came here alone," said Senior Airman Kevin Krogh. "I wasn't too sure about anything, I didn't know who to talk to, who I was going to meet. But when I got here and saw the people enjoying themselves and volunteers helping everyone, I became comfortable."

Senior Airman Krogh, an F-22 Raptor weapons loader from Langley AFB, Va. was injured in a car accident in March 2007, leaving him with both his legs amputated below the knees.

Before joining the Air Force, Airman Krogh was an avid snowboarder and snowmobiler in his home state of Minnesota. While going through therapy at Fort Sam Houston in San Antonio, he learned about the clinic and decided to give it a shot.

Airman Krogh said after months of intensive therapy, doing the same activities repetitively, he decided he wanted to do something challenging, different and yet familiar. For him it was an opportunity to do something he thought he'd left behind.

"I never thought I would be out here skiing without legs and enjoying it," he said. "I'm also playing hockey for the first time. I thought I would never be doing that and it sure makes me feel real good about it."

Airman Krogh said his balance was what he wanted to work on while he was at the clinic.

"It's been real tough," he said. "I have gone through so much blood and tears. I have gotten past some tough hurdles and I am real excited about what I have done. I am enjoying myself and being here is part of my therapy. So, I like it a lot. These activities help me work with my balance and that is important."

While at the clinic, veterans can participate in rock climbing, scuba diving, trap shooting, sled hockey and other sporting events but the main objective is still in conquering their "mountain."

To facilitate participation in the events and provide assistance for those veterans to overcome obstacles, more than 200 certified ski instructors for the disabled and several current and past members of the U.S. Disabled Ski Team are assigned as winter sports clinic instructors.

After receiving some equipment and instruction on how to use it, Airman Krogh tackled sled hockey.

"The sled hockey event is tough at first," he said. "I fell down



Glenn Hallberg and Mark Finken teach Michael Murphy how to mono-ski during the 23rd National Disabled American Veterans Winter Sports Clinic.

constantly; backward, sideways . . . anyway you can fall, I did. During the game, they adjusted my sled and I was fine after that. Even though I didn't score, my team still won.

It isn't the final score that matters. Most say they value the bumps, bruises and lessons they learned while participating.

"I have my down times, when I fall when I am walking, but being here really makes me happy," said Airman Krogh. "I see people who have been paralyzed all their lives and seeing them doing the same activities I am doing really puts a smile on my face. If I am invited again next year, I would definitely do it again."

"Some of these veterans are coming here for the first time and to see the look on their faces, to hear their expressions is great," said Sergeant Layton. "They are scared. They don't know what is going on. They may never have seen snow or been skiing down a mountain. However, at the end of the week, they are completely different people. It's the joy and pride of helping them that makes this opportunity so great."

That transformation has been taking place on the faces of disabled veterans for more than two decades. The idea for the sports clinic began in the early 1980s when Trombetta began bringing VA patients to a nearby mountain resort for a disabled skier's program. Through his patients, he recognized the physical and mental healing that the challenge of winter sports gave his patients.

"I began working with one veteran and when I saw the profound effect adaptive skiing had on him and I knew if it worked for him . . . it would work for others," Trombetta said.

Skiing was just the start for his program. The winter sports clinic started in 1987 with roughly 90 veterans who were eager to learn to ski using adaptive ski equipment. Twenty staff members helped them participate in a variety of activities and workshops designed to help each of them overcome their particular disabilities.

After 23 years of running the event, Trombetta said he is still energized by the anticipation he sees in the eyes of the veterans and from watching volunteers and participants coming together and conquering both real and perceived mountains. ❧

STORY AND PHOTOS BY TECH. SGT. MATTHEW MCGOVERN

SPOUSE SANCTUARY

ENLISTED VILLAGE PROVIDES HOME, ACTIVE LIFESTYLE TO VETERANS, MULTI-SERVICE SURVIVING SPOUSES

Mary Gilmore gathered with her friends anticipating their weekly video-game bowling tournament. Garbed in her pink uniform embroidered with the words, "Pro Wii Bowler," she made knocking down the digitized pins look easy despite the fact that she is the oldest resident of the Air Force Enlisted Village, in Shalimar, Fla.

Gilmore, age 97, has lived at the village for 30 years and enjoys attending the activities offered to the more than 490 residents. Her husband Gill, a retired Air Force World War II tail gunner, enjoyed the stay as well. They shared 20 years at the AFEV before he passed away.

"My husband liked it here very much," Mary said. "The people are nice and most have retired military backgrounds to talk about."

Surviving spouses of retired Air Force enlisted members, retired Air Force enlisted couples, dependent parents of active duty, retirees and other service widows make up the population at the village. The reasons they moved in vary. Some are here because low family income and frequent military moves left them without careers, home equities, retirement plans or significant assets.

Funded by donations, the village is a way to ease these burdens. The CEO, retired Chief Master Sgt. of the Air Force James Binnicker, makes it his job to ensure the resident's needs are met, and then some.

"We can and do make a positive difference in someone's life every day (at the village)," Chief Binnicker said. "We improve their quality of life, give them peace of mind and a sense of security. Now they can relax and enjoy life."

Though many moved here to alleviate financial difficulties of retirement living, they found something more here. . . mutual support. The ninth chief master sergeant of the Air Force shares that bond with the residents and is proud to serve in his current position.

"The Vietnam War was my war and it was an unpopular war," the chief said. "Serving these distinguished veterans is my high honor. I feel privileged."

John Cristos, a WWII veteran and retired technical sergeant, served as an airborne and ground radio operator. He and his wife, Alvera, have lived at the village for more than 20 years. He found something at the village that is hard to find elsewhere. "We all speak the same language here," said Mr.

playing and everything," said Cristos about the last Honor Flight.

The recognition didn't end with a D.C. ceremony. The veteran villagers were met at home too.

"Little children would walk up to them and say 'thank you for serving my country,'" said Paula Kelley, director of AFEV. Kelly was with hundreds of people gathered for the "heroes' welcome." People stood in a row and thanked all the veterans as they arrived



Justine Mikkelsen, a 12-year resident at the Air Force Enlisted Village, is dressed for her Red Hat Society gathering. She wears her husband Woodrow's wedding ring around her neck since his death in 2001. Senior Master Sgt. (retired) Christian Woodrow was a first sergeant and World War II veteran.

Cristos. "I have six other WWII buddies I can talk to over here."

They also get to do things together. The veterans from the AFEV get together each year for the Emerald Coast Honor Flight. They go to Washington D.C. They visit the WWII memorial and attend an event where they are recognized for their service.

"When we got into the Reagan National Airport terminal the fire department had streamers going, a welcoming band was

at Florida's Pensacola Regional Airport.

The support found by the retired veterans is mirrored by groups made up of resident spouses. While Mr. Cristos spends time with his WWII buddies, Mrs. Cristos connects with friends in the Red Hat Society. The Red Hatters are a group of women age 50 and above who bond, do projects to raise money for AFEV or just go out for dinner and companionship.

"Our group gets together and goes to nice



Mary Gilmore, at the age of 97, enjoys a weekly video game tournament at the Air Force Enlisted Village, at Shalimar, Fla. She has lived at the village for 30 years and enjoys attending the activities offered to the more than 490 residents.



Kay Sloan, Air Force Enlisted Village resident, holds her husband Zane's Purple Heart. He earned the medal as a corporal in the Army Air Corps. He was a radio operator for a rescue squadron and was shot in the knee while on a combat mission near the 38th parallel during the Korean War.

restaurants for 'girl talk,'" Cristos said.

Janet Mosier, resident and administrative assistant at the village, is also a member of the Red Hat Society. Her husband, Richard, a former Navy master chief, passed away in 1992.

"I joined the red hat group with the rest of the residents. We go out to eat, we have fun and there are many happy memories," said Mosier. "We also work together to raise money for our various events — like Octoberfest where we eat, party and have a good time."

Mosier has another reason for moving to the village. She said she moved there to learn how to grow old gracefully.

"I'm learning from many wonderful residents," she said. "They're wonderful people that have learned so much in life and have given so much to the United States. They are very much my mentors."

"I feel privileged to know them and I learned to love them at times that they need me most . . . to let them cry on my shoulder and listen to their pains and hurts," Mosier said. "This is not just a retirement village. This is a community where we share love, care, hope and goals."

Enlisted village is made of smaller communities within the whole. Bob Hope Village and Teresa Village offer apartments for independent living. When residents can no longer live independently, they move to nearby Hawthorne House. They stay near the home and supportive friends while nurses and staff assist with the daily

routines of medications and housework.

Kay Sloan, who lives in Bob Hope Village and a member of the Red Hat Society, often shares about her past with society members.

Her husband, Zane, earned the Purple Heart as a corporal in the Army Air Corps. He was a radio operator for a rescue squadron. He was shot in the knee while on a combat mission near the 38th parallel during the Korean War.

"He had his bullet in his knee his entire life," said Kay. "He was a beautiful man. After five minutes of talking to him, everybody was his friend."

They were married at the U.S. Embassy in Tokyo in 1964. They were together more than 40 years before Zane passed away in 2003. Kay arrived at the village in 2004 because maintaining her home was too difficult on her own. She heard from a friend that the village was a safe place to go.

Sue Lell, a WWII Navy veteran, also enjoys the safety of the village. She's tagged it as ". . . the friendliest place in the world." During the war she coded mail in a fleet post office in San Francisco. It was her job to ensure mail from home reached the right Sailor or Marine wherever in the world their ship was.

After World War II, Lell, at the age of 24, earned a pilot license using the money from her GI bill. She then met and married

a fellow pilot named James Duncan. Three years later he was listed as missing in action after a mission over Korea. He was never recovered.

Lell later remarried and had three children, before becoming a widow again and moving to the village.

Lell was having trouble taking care of her home. Her granddaughter, whose husband is stationed at nearby Eglin Air Force Base Fla., gave her the idea to move to the village. She's been happy at her new home ever since.

"I wouldn't leave here even if I won the lotto," said Lell. "And if I did, I would give a large portion to the village."

Chief Binnicker concentrates on keeping village residents happy now and long into the future.

"The direction (for the AFEV) is always forward; continued growth and modernization," the Chief said. "Our long range plans call for more independent living apartments and a skilled nursing facility."

The expansion will make it possible for more retirees and spouses to enjoy an active life at the village. Just maybe one of those future residents will also sport a bright-pink shirt and challenge the incumbent for the title of "Wii bowling Champion." Until then, Gilmore will be there on Tuesday ready to defend her title.

STORY BY CAPT. SHANNON COLLINS

HUMBLLED BY THEIR SERVICE, FLOORED BY COMMITMENT

Over the past 11 years, I've had the honor of interviewing the amazing men and women who perform the Air Force and joint mission every day. From maintainers to nurses, aerial porters to security forces, I continue to be impressed by what they bring to the mission.

The highlights of my career include interviewing a prisoner of war who was in the Bataan Death March and a surgeon who served in Vietnam. Both shared with me their brave stories.

In March and April this year, a group of Airmen, Soldiers, Marines, Sailors and civilians floored me with their commitment and the importance of their mission. The men and women who work for the Air Force Mortuary Affairs Operations Center at Dover Air Force Base, Del., will humble you with the reverence they show their mission, ensuring dignity, honor and respect to the fallen; care, trust and support to the families. These words are more than motto or slogan; they're a way of life for these military members.

This is the final stop for military men and women who die overseas, primarily those who sacrifice their lives for our freedom while serving in Iraq and Afghanistan.

I had the distinct honor of going behind the scenes, seeing the process firsthand, watching as the remains of the fallen were taken through the processes of identification, embalming and shipping. I witnessed the meticulous care of the combined team as they prepared uniforms for the fallen heroes to wear home and spent hours cleaning a simple dog tag that will be returned to the grieving family. I also had the solemn honor of serving on one of the dignified transfer teams; helping carry the transfer case of one of our fallen from the aircraft to the transfer vehicle.

A truly humbling experience was being there when the remains of Staff Sgt. Phillip A. Myers came through Dover. He died April

4 near Helmand Province, Afghanistan, from wounds suffered after an improvised explosive device was detonated.

It was the first time since 1991 that family members were allowed to attend the dignified transfer and, with the approval of the family, the first that media were allowed to cover.

More than 80 international media representatives were there, but only the quiet click of the cameras could be heard. Some of us cried openly but many held tight, silent tears falling, as the transfer took place.

Sergeant Myers' family stood on the other side of a bus, and all I could see was their feet and shadows. I just kept thinking about what they must be going

through and watching their shadows shake before popping to attention.

The AFMAOC military members who deal with this each and every day, who focus on their mission, spending hours processing remains or cleaning potential heirlooms, have my respect. I've laughed with them; I've cried with them. I'm awed with what they do and how much commitment they give to their mission.

I have to admit, like them, it was hard to be there, but since I've left, I feel like I need to go back, to help serve the fallen and their families. I'm truly blessed to have been a witness.

Shannon Collins



Capt. Shannon Collins was once an enlisted Air Force journalist. Now, as a public affairs officer, she's still telling the Air Force story from her new assignment at Kunsan Air Base, Korea.



November is

NATIONAL

American INDIAN

HERITAGE MONTH



THE FINAL FRAME

EAGLE ECLIPSE

photo by AIRMAN 1ST CLASS CHAD WARREN

A flight of F-15C Eagles from the 44th Fighter Squadron, Kadena Air Base, flies during a total solar eclipse over the island of Okinawa, Japan. A total solar eclipses is a rare sight. The next one is predicted to occur July 11, 2010. This one lasted for six minutes and 39 seconds setting the duration record.

Airman^{3A}